

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>02/16/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>15</i>	<i>1-1-00</i>
FORMALITY REVIEW	<i>KND</i>	<i>74477</i>	<i>4/6/00</i>
RESPONSE FORMALITY REVIEW	<i>KIN</i>	<i>74477</i>	<i>5/5/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Best Available Cop,

If more than 150 claims or 10 actions
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